2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90065 041 ****61.25

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DOCUMENT # N94000005596

1. Entity Name

THE VINEYARDS OF PORT ORANGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32279-5044	2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32279-5044

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3327480 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HART, JAMES W JR. SENTRY MANAGEMENT, INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779-5044	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HENDERSON, ROBERT 1492 SURREY PARK DR PORT ORANGE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD AQUILERA, FERNANDO JR 1487 SURREY PARK DR PORT ORANGE FL 32124	☒ Delete	PD BROWN, GENO 1500 SURRY PARK DR PORT ORANGE, FL 32124	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROSA, JOSE A 1484 NAPPA DRIVE PORT ORANGE FL 32124	☒ Delete	TD MANGES, ROSS 1490 SURREY PARK DR PORT ORANGE, FL 32124	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D SLOAN, LORA 5496 ST REGIS WAY PORT ORANGE, FL 32124	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert J. Henderson ROBERT HENDERSON 2/25/02 386-423-7796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #